

AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT		2. DATE OF ORDER: 2/20/25			
3. NAME: Andrea Calhoun		4. PHONE NUMBER: 214.698.3279		5. EMAIL ADDRESS: ACalhoun@gibsondunn.com	
6. MAILING ADDRESS: 2001 Ross Avenue Suite 2100		7. CITY: Dallas		8. STATE: TX	9. ZIP CODE: 75201
10. CASE NUMBER: 24-03073-SGJ	11. CASE NAME: Charitable DAF v. Alvarez & Marsal	12. JUDICIAL OFFICIAL: Hon. Stacey G. C. Jernigan		13. DATE OF PROCEEDING: FROM: / / 02/10/2025	
14. ORDER:					
ORDINARY 7 DAY EXPEDITED DAILY HOURLY					
A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>					
14 DAY EXPEDITED 3 DAY EXPEDITED					
<input type="checkbox"/> <input type="checkbox"/>					
15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):					
PORTION(S)					
<input checked="" type="checkbox"/> Entire Hearing					
<input type="checkbox"/> Court Ruling					
<input type="checkbox"/> Witness Testimony					
<input type="checkbox"/> Other: (Specify)					
CERTIFICATION			16. SIGNATURE: /s/Andrea Calhoun		
By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).			17. DATE: 2/20/2025		